

Disaster Medical Care

The Role of the Council on National Security of the American Medical Association

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WHAT IS THE POSITION of the American Medical Association in disaster medical matters? Perhaps an insight can be gained from American Medical Association *Guide to Services*, Third Edition, 1955, which states the purpose of the A.M.A. as follows: "The American Medical Association has as its objective the promotion of the science and art of medicine and the betterment of public health. It is a physician's organization, *existing to serve the physician and the general public.*"

As one of the means of service to physicians and the general public, the House of Delegates authorized the Board of Trustees in 1945 to create the Committee on Military Medical Service. In 1947, because of the increasing scope of its activities, the board created the Council on National Emergency Medical Service from the original Committee; and, again in keeping with change, in 1954 the Council was redesignated the Council on National Defense. Consonant with the ever enlarging scope of the Council, the Trustees in February 1960 approved the change in name to the present Council on National Security. At that time the Trustees adopted the following outline of the functions of the Council:

"(a) The scope and purpose of the Council on National Security is to provide advice and assistance to the Board of Trustees and to the medical profession on all matters involving the medical and health aspects of the national security, particularly as such national security pertains to the utilization, mobilization and coordination of medical and health resources.

"(b) In the discharge of these responsibilities, the Council shall maintain effective liaison with other councils, committees and others within the Association and shall refer appropriate scientific and professional problems to the proper groups for study, advice and recommendation.

"(c) Liaison shall also be maintained with government and nongovernment departments, agencies

and associations on matters involving medical and health problems and activities in national security."

This last provision, (c), permits a wide latitude of activities, within and without the profession with governmental agencies and other organizations that are concerned with the many aspects of national security as related to medical and health considerations.

To conduct its affairs and discharge its responsibilities the Council has two committees, the Committee on Military Medical Affairs and the Committee on Disaster Medical Care. Although most of the more directly related activities concerned with medical problems relative to major disasters are within the province of the Committee on Disaster Medical Care, some of those of the Military Medical Affairs Committee are directly or indirectly related. As an example, the question of the status of reserve military medical units and personnel in relation to planning phases and actual operations during disaster is properly one for the Military Medical Affairs Committee, but it is also of great importance to the Committee on Disaster Medical Care.

The two committees of the Council each meet periodically to conduct their business and for inspection or briefing purposes. Both committees at all times are completely conversant with national, regional, state and local aspects of the many facets of the matters with which they are concerned. Committee meetings are held either in Chicago or at other points in the country, depending upon the nature and the purpose of the meeting. The Council usually meets in Chicago, although its Executive Committee also meets at the time and place of Clinical Session and of the Annual Meeting of the A.M.A. The committees appoint subcommittees for specific purposes, and the subcommittees report their findings and recommendations to the entire committee for final action and disposition. Each committee submits its reports and recommendations to the Council at its regular meetings.

Several noteworthy achievements of the Council will serve to illustrate both the importance of the Council in matters pertaining to national medical disaster care and its ability to function efficiently.

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The first concerns the threatened outbreak of an epidemic of Asian influenza in this country. The Council recognized the threat of a national medical disaster in this situation and gave incentive to the biological producing industry to mobilize its forces to produce and distribute huge quantities of influenza A vaccine, thus aborting a national epidemic that could have been disastrous to the individual citizens and to the economy of the country. This also is a very practical demonstration of one of the basic potential defenses against biological warfare that exists in this country.

Another example of the Council in action was in the discharge of the contract, entered into between the A.M.A. and the then Federal Civil Defense Administration (FCDA) which provided for the Association to conduct a "comprehensive study encompassing, on a national scale, medical disaster planning and preparedness." A special Commission on National Emergency Medical Care was created for this purpose. The Council reviewed and approved the report of the commission in December 1958 and in February of 1959 the Board of Trustees directed that the report be submitted to OCDM, which by then had succeeded FCDA. The *Report on National Emergency Medical Care*, a volume of some 150 pages, has been of invaluable assistance in medical disaster care planning at the national level. A summary of the report, in the form of a 38-page pamphlet, was prepared by the A.M.A. upon the recommendation of the Council. It was so well received that a second printing was authorized. More than 10,000 copies of the summary have been distributed.

For the last three years the programs have been presented by the medical departments of the Army, Navy and Air Force. At the last conference, held in New York City, the major considerations were (1) the impact of nuclear war upon the community, (2) various logistical aspects of disaster medical care, (3) radiation fallout and survival techniques, (4) mass behavior problems in disaster, and (5) defense planning fundamentals. In addition to this program, the OCDM and the Council jointly sponsored a shelter exhibit, the "Family Room of Tomorrow."

Another important annual conference sponsored by the Council is the County Medical Societies Disaster Medical Care Conference. The Conference is held in Chicago early in November. The importance of the Conference is attested by the fact that at the last meeting—the twelfth—there were over 370 persons registered, from Canada and the United States and its possessions as well as from most of the states. At this meeting emphasis was placed upon some of the problems encountered in disaster medical care at the local community and the county

levels. One of the features of the annual conference is a series of workshops that give all registrants an opportunity to actively participate in the presentation and discussion of problems at the county medical society level.

To discharge its responsibilities in national medical and health preparedness, the U.S. Public Health Service created the Division of Health Mobilization. The division is headed by a very conscientious and capable person who has had extensive experience in the field of traumatic medicine and surgery. He is assisted by an efficient staff. Upon request, the council meets with the chief of the division and his staff, to be briefed on developments and progress of the division and also to serve in advisory capacity. Liaison and rapport between the division and the Council is most heartening. Equally good relations exist between the Council and the Medical and Health Division of OCDM.

It is generally agreed that following a mass attack upon this country individuals and families in the target areas will practically be on their own for periods as long as two weeks. To assist the people with medical care problems during this period of enforced isolation, the Public Health Service is preparing a brochure of medical self-help that ultimately should be distributed to every family in this country. Several drafts of the proposed publication have been submitted to the Council for criticisms and suggestions.

Developments in aeronautics and space exploration have been followed closely by the A.M.A. At the Dallas meeting in 1959, the House of Delegates approved the action of the Board of Trustees that recognized a dual responsibility of the medical profession in this new area. Responsibility was delegated by the board to the Committee on Aviation Medicine of the Council on Occupational Health and to the Council on National Security which "is concerned with space activities in the government agencies and their organizations and policies as they affect the national security." The interest of the Council is primarily in "the organization and policies as they pertain to the marshalling of the nation's medical and other health personnel and material in preparation to withstand, or cope with, the ravages of an airborne or space attack upon the nation."

Many of the activities of the Council as related to disaster medical functions are carried out by its Committee on Disaster Medical Care. One of the important functions of this committee is to meet with state medical society representatives and federal Civil Defense officials, on a regional basis, to receive reports and to discuss problems in the state concerning the medical care organization and capabilities, as well as to learn of progress and problems from the federal regional standpoint. One of the

major interests of the A.M.A. is to determine how it can be of the greatest assistance to the state associations in bringing medical disaster preparedness to the highest possible level of development.

In closing, one of the grass-root level functions of the committee should be mentioned. One of the many items in evaluating a hospital for approval by the Joint Commission on Accreditation is the disaster

plan of the hospital. A subcommittee is working on the development of criteria for evaluating these hospital disaster plans in order to assure that they are workable, are up to date, and are tested. When finally approved, these criteria will be used by the commission inspector as the basis for this portion of his report of each hospital.

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